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7590

11/10/2005

POLAROID CORPORATION

Patent Department

1265 Main Street

Waltham, MA 02451

01/24/2006 HTECKLU2 00000048 162195 10706417

01 FC:1501 1400.00 DA
 02 FC:8001 15.00 DA
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Gaetano D. Maccarone

(Depositor's name)



(Signature)

January 19, 2006

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/706,417	11/12/2003	Michael J. Berger	8550AFP/GDM	6807

TITLE OF INVENTION: AZO METAL-COMPLEXED DYES, INK JET INK COMPOSITIONS AND INK JET PRINTING METHODS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	02/10/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
KLEMANSKI, HELENE G	1755	106-031500

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

POLAROID CORPORATION

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Waltham, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 5

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 16-2195 (enclose an extra copy of this form).

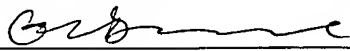
5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

Date January 19, 2006

Typed or printed name

Gaetano D. Maccarone

Registration No. 25,173

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